

INTERNATIONAL APPLICATION NO.		PRIORITY DATE	CHAP II	UE DATE	20 MO.	30 MO.	
PCT/US91031		03 Apr 90	03	15	92	<input type="checkbox"/>	<input checked="" type="checkbox"/>
INTERNATIONAL FILING DATE		FIRST NAMED APPLICANT FOR DO/EO					
03 Apr 91		Harrold, Michael et al					
LANGUAGE OF FILED APPLICATION:		DATE OF RECEIPT OR MAILING:					PUBLICATION:
		PCT/IB/302					PUBL. NO. WO 9115602
ARTICLE 20 RECEIPTS		PCT/IB/304					PUBL. DATE 17 Oct 91
NORMAL FROM IB <input checked="" type="checkbox"/> FROM APPLICANT <input type="checkbox"/>							LANGUAGE Eng.
REQUEST - RO 101 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PCT/IB/310A					GAZETTE ISSUE _____
DESCRIPTION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		03 Apr 91					NOT PUBLISHED: <input type="checkbox"/> U.S. ONLY DO/EO <input type="checkbox"/> AS OF EP REQUEST
CLAIMS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PCT/IB/310(PD) - PRIORITY DOC. COPY					
DRAWINGS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PCT/IB/331 - US ELECTED					
COPY OF SEARCH <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PCT/IPEA/409 - IPER RECEIVED					
NO DRAWINGS ON FILING <input type="checkbox"/>		35 U.S.C. 371 - RECEIPT OF REQUEST					REQUESTED DOCUMENTS FROM IB THAT ARE NOT IN THE FILE: <input type="checkbox"/> YES <input type="checkbox"/> NO DATE REQUESTED _____
TOTAL NO. OF PRIORITY DOCS. 0							<input type="checkbox"/> PCT GAZETTE PAGE <input type="checkbox"/> SEARCH REPORT <input type="checkbox"/> OTHER _____
RECEIPTS FROM APPLICANT UNDER 35 U.S.C. 371		DATE ASSIGNMENT RECEIVED					INFORMALITIES NOTED: <input type="checkbox"/> YES <input type="checkbox"/> NO
COMPLETE AT <input type="checkbox"/> 20 MO <input checked="" type="checkbox"/> 30 MO.		30 Nov 92					<input type="checkbox"/> OATH/DECLARATION <input type="checkbox"/> OTHER _____
NATIONAL FEE <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE PRELIMINARY AMENDMENT RECEIVED					
OATH / DECL <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE DISCLOSURE STATEMENT RECEIVED					
TRANSLATION OF: REQUEST <input type="checkbox"/> YES <input type="checkbox"/> NO DESCRIPTION <input type="checkbox"/> YES <input type="checkbox"/> NO CLAIMS <input type="checkbox"/> YES <input type="checkbox"/> NO ABSTRACT <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE DO/EO/ 903 MAILED					
WORDS IN DRAWING. <input type="checkbox"/> YES <input type="checkbox"/> NO ARTICLE 19 AMDT. <input type="checkbox"/> YES <input type="checkbox"/> NO Cancelled None		DATE 905 RESPONSE RECEIVED					
ARTICLE 34 AMDT. <input type="checkbox"/> YES <input type="checkbox"/> NO Cancelled None		DATE DO/EO/903 MAILED - ACCEPTANCE NOTICE					
ARTICLE 36(3) AMDT. <input type="checkbox"/> YES <input type="checkbox"/> NO Cancelled None		DATE DO/EO/909 MAILED - ABANDONMENT NOTICE					
COMPLETE AT <input type="checkbox"/> 22 MO <input checked="" type="checkbox"/> 32 MO.		DATE 35 U.S.C. 371 REQUIREMENTS MET					
NATIONAL FEE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Surcharge <input type="checkbox"/>		30 Nov 92					
OATH / DECL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Surcharge <input type="checkbox"/>							
TRANSLATION OF: <input type="checkbox"/> Processing fee REQUEST <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DESCRIPTION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CLAIMS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ABSTRACT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
WORDS IN DRAWING. <input type="checkbox"/> YES <input type="checkbox"/> NO ARTICLE 34 AMDT. <input type="checkbox"/> YES <input type="checkbox"/> NO Cancelled None							
ARTICLE 36(3) AMDT. <input type="checkbox"/> YES <input type="checkbox"/> NO Cancelled							
OTHER RECEIPTS FROM THE APPLICANT AND DATE RECEIVED: <input type="checkbox"/> PTOL - 1449 DISCLOSURE DOC. <input type="checkbox"/> ASSIGNMENT <input type="checkbox"/> NEW CLAIMS FOR PRIORITY.. <input type="checkbox"/> OTHER _____							